

§2131. Executive Lobbying Registration/Renewal

#835

EXECUTIVE LOBBYING REGISTRATION RENEWAL FOR	
THE YEAR OF	<u>2006</u>
(Fill in year.)	

Instructions

- Print in ink or type.
- Complete form and return with \$330 registration fee to the Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Rouge LA 70808, or fax to (225) 763-8787. For information or assistance, call (225) 763-8777 or (800) 242-6630.
- Initial registrations must be submitted within 5 days of (1) employment as a lobbyist or (2) first action requiring registration. Registrations expire as of December 31 unless a renewal is submitted between December 1 and January 31.

FOR OFFICE USE ONLY
Postmark Date: <u>05/15/06</u>
REG. # <u>3060274</u>
✓ <u>10000</u>
SP10.00000
3060274

1. NAME Fowler Lisa Leleux
 Last First MI
2. BUSINESS PHONE 337-380-3225
 Area Code and Phone Number
3. FAX NUMBER 337-365-8149
4. BUSINESS ADDRESS 1800 Concord Pike, Wilmington, DE 19850-5437
 Street and No. City State Zip
- MAILING ADDRESS 1800 Concord Pike, Wilmington, DE 19850-5437
 Street and No. City State Zip
5. EMPLOYER AstraZeneca Pharmaceuticals
6. EMPLOYER'S ADDRESS 1800 Concord Pike, Wilmington, DE 19850-5437
 Street and No. City State Zip
7. LIST BELOW (a) Names of persons, groups, or organizations which you represent and on whose behalf expenditures are made; (b) the address of each such person, group, or organization you represent; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby.
 - i. Name AstraZeneca Pharmaceuticals
 Address 1800 Concord Pike, Wilmington, DE 19850-5437
 Business or purpose pharmaceutical sales
 Does this person pay you? Yes
 If No, who pays you? _____

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**EXECUTIVE LOBBYING
REGISTRATION FORM**

2. Name _____

Address _____

Business or purpose _____

Does this person pay you? _____

If No, who pays you? _____

3. Name _____

Address _____

Business or purpose _____

Does this person pay you? _____

If No, who pays you? _____

4. Name _____

Address _____

Business or purpose _____

Does this person pay you? _____

If No, who pays you? _____

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by LSA-R.S. 49:71 et seq. has been deliberately omitted.


Signature of Lobbyist



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